



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Health Care Financing Administration

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**Center for Medicaid and State Operations  
7500 Security Boulevard  
Baltimore, MD 21244-1850**

June 1, 2001

Mr. Charles Wilhelm, Director  
Department of Health and Family Services  
Office of Strategic Finance  
1 West Wilson Street  
Post Office Box 7850  
Madison, Wisconsin 53707-7850

Dear Mr. Wilhelm:

We are pleased to inform you that the Health Care Financing Administration is approving your request for a new home and community-based services waiver for individuals with mental retardation and developmental disabilities as authorized under section 1915(c) of the Social Security Act. This waiver is a part of Wisconsin's Family Care Program.

Specifically, you requested a waiver to provide: case management, personal care services (supportive home care), respite care, adult day health (adult day care), habilitation (including day center services, prevocational services, supported employment services, daily living skills training, counseling and therapeutic resources), environmental accessibility adaptation (home modifications), specialized transportation, specialized medical equipment and supplies, personal emergency response systems, adult residential care (residential services), adaptive aids, communication aides, home delivered meals, consumer education and training, housing counseling, and consumer directed supports. You also requested waiver of section 1902(a)(1), 1902(a)(10)(B) and 1902(a)(C)(i)(III) which deal with "statewideness," "comparability of services," and community deeming rules for the medically needy, respectively. Wisconsin's waiver for persons with mental retardation and developmental disabilities has been assigned control number **0368** which should be referenced in any future correspondence relating to this program.

Based on assurances and additional information you provided, we approve this waiver for a 3-year period effective January 1, 2002 as requested. With a satisfactory showing the waiver may be renewed at the end of the 3-year period. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	3477	\$32,453
2	3832	\$33,717
3	4187	\$35,078

This approval is subject to your agreement to service no more individuals than those indicated above. Additionally, you have assured us that the cost of waiver services (Factor D) reflect state and federal costs only after any beneficiary liability has been subtracted from the total cost of services.

The waiver request, and the additional clarifying information the state provided us, conforms fully to the requirements of the statute and Medicaid regulation. We appreciate the effort and cooperation provided by you and your staff.

Sincerely yours,

Mary Jean Duckett  
Director  
Division of Benefits Coverage and Payments  
Disabled and Elderly Health Programs Group